

Note: Individual names only. Multiple nominees will be returned to you for resubmission

# APPLICATION FOR LIFESAVING AWARD

Person Being Nominated \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_

## DESCRIPTION OF INCIDENT (Refer to Guidelines #3-7)

1. Name of Victim \_\_\_\_\_
2. Victim's Employer \_\_\_\_\_
3. Victim's Occupation \_\_\_\_\_
4. Place of Incident \_\_\_\_\_
5. Date and Time of Incident \_\_\_\_\_
6. What was victim doing when incident occurred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What was condition, or situation, of victim when assistance was provided? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe in detail what assistance was provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Include:

Statement of Victim. (If Possible)  
Furnish any supporting documentation.  
Photo or 35 mm color slide is required.



Action(s) must have occurred during the period of July 1 through June 30

>>>>>APPLICATION MUST BE<<<<<  
>>>>>RECEIVED BY JULY 31<<<<<

### Name of Person Nominating \_\_\_\_\_

P  
L  
E  
A  
S  
E

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominator Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

P  
R  
I  
N  
T